

Sexually transmitted diseases

Extract from the Annual Report of the Chief Medical Officer of the Department of Health and Social Security for the year 1977

The rate of increase in the incidence of most of the sexually transmitted diseases has slowed considerably since 1971 in England and in most other countries where figures are available. The two exceptions to this are syphilis and non-specific genital infection. The prevalence of the latter becomes greater each year despite a better understanding of some aspects of the condition. Recent research, moreover, has shown that complications of these diseases result in a considerable amount of chronic ill-health, and the economic consequences of this are only beginning to be studied.

Syphilis, gonorrhoea, and chancroid

Syphilis

Table 1 shows an increase in the incidence of early syphilis of 9.9% (9% among men and 15.2% among women). The incidence of primary and secondary syphilis increased by 4.9% (2.8% among men and 19.7% among women). The incidence rate for syphilis and gonorrhoea per 100 000 population is given in Table 2.

Gonorrhoea

All forms of gonorrhoea have shown a 1% increase in incidence (0.1% among men and 2.5% among women).

Chancroid

Cases of chancroid have decreased in number.

Other sexually transmitted diseases

The incidence of granuloma inguinale has increased in men (Tables 3 and 4). The number of cases of non-specific genital infection has increased in men and women, and so has that of genital herpes and genital warts.

The present position

The number of hospital medical staff engaged in genitourinary medicine in England and Wales on 30 September 1977 totalled 211 (188.6 whole-time equivalents (wte)) compared with 210 (185.1 wte) at

Table 1 Cases of syphilis, gonorrhoea, and chancroid reported in the year ending 30 June 1977, with figures for the year ending 30 June 1976 in parentheses (for incidence rates per 100 000 population see Table 2)

	Number of cases					
	Total		Men		Women	
Syphilis						
Early	2593	(2359)	2183	(2003)	410	(356)
Primary and secondary only	1735	(1654)	1486	(1446)	249	(208)
Late	1234	(1294)	821	(874)	413	(420)
Congenital	141	(141)	59	(63)	82	(78)
Gonorrhoea						
All forms	59 028	(58 444)	37 112	(37 069)	21 916	(21 375)
Post-pubertal						
All ages	58 987	(58 389)	37 100	(37 057)	21 887	(21 332)
Under 16 years	594	(577)	117	(108)	477	(469)
16-19 years	11 784	(11 467)	4745	(4628)	7039	(6839)
20-24 years	19 820	(19 321)	12 153	(11 895)	7667	(7426)
25-34 years*	19 112		13 823		5289	
35-44 years*	5852		4714		1138	
45 years and over*	1825		1548		277	
Chancroid	43	(68)	39	(62)	4	(6)

*Only one group (25 years and over) was collected before 1976.

Table 2 Syphilis and gonorrhoea—new cases per 100 000 population, by age, seen at hospital clinics in England 1973-77.

Years ending 30 June															
Disease	1973		1974		1975		1976		1977						
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total			
Early syphilis	6.84	1.31	4.00	8.57	1.46	4.92	8.44	1.48	4.87	8.86	1.50	5.08	9.66	1.72	5.59
All ages															
Early syphilis (primary and secondary only)	5.00	0.81	2.85	6.30	1.01	3.59	6.12	0.93	3.46	6.40	0.87	3.56	6.57	1.05	3.74
All ages	0.07*	0.08*	0.07*	0.05*	0.05*	0.05*	0.05*	0.02*	0.04*	0.07*	0.09*	0.08*	0.04*	0.04*	0.04*
Under 16 years	5.43	2.90	4.20	7.01	3.55	5.32	6.34	3.76	5.18	7.52	3.30	5.46	5.87	4.61	5.26
16—19 years	14.67	4.76	9.77	18.16	4.26	11.29	18.02	4.60	11.42	19.35	3.46	11.58	17.82	5.07	11.60
20—24 years	5.94	0.50	3.06	7.52	0.81	3.98	7.26	0.65	3.77	7.40	0.68	3.85	7.98	0.67	4.12
25 years and over															
Late syphilis	3.41	1.51	2.43	3.51	1.51	2.48	3.68	1.73	2.68	3.87	1.76	2.79	3.63	1.74	2.66
All ages															
Congenital syphilis	0.28	0.39	0.34	0.21	0.42	0.32	0.32	0.46	0.39	0.28	0.33	0.30	0.26	0.34	0.30
All ages															
Gonorrhoea (post-pubertal)	157.30	80.94	118.08	169.60	88.92	128.19	163.67	87.62	124.66	163.91	89.60	125.79	164.15	92.00	127.15
All ages	2.13	7.31	4.65	2.30	8.33	5.23	1.89	8.26	4.99	1.87	8.57	5.13	2.06	8.89	5.38
Under 16 years	328.02	490.42	407.00	361.92	535.55	446.72	340.26	513.59	424.85	331.52	513.05	420.19	331.68	515.60	421.49
16—19 years	707.10	428.32	569.08	769.43	469.03	620.96	753.58	472.99	615.66	728.41	475.72	604.92	734.32	486.02	613.15
20—24 years	142.45	38.30	87.38	152.00	42.12	93.95	146.11	41.03	90.42	147.97	42.73	92.40	145.06	43.31	91.35
25 years and over															
Chancroid	0.20	0.00*	0.10	0.16	0.02*	0.09	0.18	0.03*	0.10	0.27	0.03*	0.15	0.17	0.02*	0.09
All ages															

*These rates were based on fewer than 10 events and consequently their reliability as a measure may be affected.

Table 3 *Other sexually transmitted diseases reported in the year ending 30 June 1977, with figures for the year ending 30 June 1976 in parentheses (for incidence per 100 000 population see Table 4)*

	Number of cases					
	Total		Men		Women	
Lymphogranuloma venereum	36	(33)	27	(31)	9	(2)
Granuloma inguinale	70	(16)	59	(12)	11	(4)
Non-specific genital infection (NSGI)	94 152	(87 686)	73 996	(70 163)	20 156	(17 523)
NSGI with arthritis	593	(491)	551	(468)	42	(23)
Trichomoniasis	19 988	(19 689)	1703	(1540)	18 285	(18 149)
Candidosis	36 731	(36 216)	6756	(6257)	29 975	(29 959)
Scabies	2238	(2650)	1768	(2128)	470	(522)
Pediculosis pubis	5838	(5201)	4081	(3634)	1757	(1567)
Genital herpes	7327	(6660)	4692	(4319)	2635	(2341)
Genital warts	22 385	(20 946)	14 648	(13 636)	7737	(7310)
Genital molluscum	915	(828)	614	(572)	301	(256)
Other treponemal diseases	1173	(1046)	746	(664)	427	(382)
Other conditions requiring treatment in a centre	39 960	(38 666)	25 833	(25 394)	14 127	(13 272)
Other conditions not requiring treatment in a centre	91 555	(86 068)	56 880	(53 690)	34 675	(32 378)
Other conditions referred elsewhere	1877	(858)*	1137	(542)*	740	(316)*

*These additional figures are for the quarters March and June 1976. Before 1976 these figures were not collected.

the previous 30 September. The 1977 figures included 106 (99.0 wte) consultants, 33 (32.6 wte) senior registrars, and 32 (30.2 wte) registrars compared with 103 (94.7 wte) consultants, 32 (30.0 wte) senior registrars, and 35 (31.5 wte) registrars on 30 September 1976. On 30 September 1977 there were also three (0.8 wte) hospital practitioners and 152 (35.6 wte) staff holding sessional appointments under paragraph 94 of the Terms and Conditions of Service. In Great Britain as a whole there were 115 consultants specialising in genitourinary medicine, of whom 85 were working whole-time.

After more than two decades of increasing incidence of most of the sexually transmitted diseases, some measure of control seems to have been established over them in England. The greater use of the Health Service and the higher expectations of the public, however, have resulted in an ever-increasing number of patients using the diagnostic and counselling services of the clinics. There has been a slight increase in trained staff to meet this demand, and recruitment to the expanding specialty of genitourinary medicine has improved slightly. It is most important for the specialty that the standard of training should be high.

London is now the leading centre in the world for postgraduate education in the sexually transmitted diseases. The twice-yearly postgraduate course organised by the British Postgraduate Medical Federation attracts doctors from all over the world and is always very well attended. A postregistration course, organised by the Joint Board of Clinical Nursing Studies, in the nursing of patients with sexually transmitted diseases lasts for six months and

is held at two London and two provincial teaching hospitals. In addition, many postgraduate students arrange attachments to individual teaching hospital clinics, through the World Health Organisation, the Department of Health and Social Security, the universities, or on an individual basis. The Diploma of Venereology awarded to successful candidates by the Society of Apothecaries is highly regarded throughout the world.

During 1977, the Medical Society for the Study of Venereal Diseases held its overseas spring meeting in Vienna, which was well attended by both European and British doctors. A session at the International Congress of Dermatology in Mexico City was devoted to syphilis, and a Canadian symposium on sexually transmitted diseases was held in Montreal. In addition, the First South-East Asian and Western Pacific Conference on Sexually Transmitted Diseases was held in Singapore under the auspices of the International Union against the Venereal Diseases and Treponematoses. All these meetings were attended by British physicians, some of whom contributed papers.

The first professor of genitourinary medicine in the world has recently been appointed at the Middlesex Hospital Medical School, London University, and will take up his appointment on 1 January 1979.

Research into several aspects of the sexually transmitted diseases continues to be carried out at the larger centres and the number and variety of projects is increasing. Support is given by the Medical Research Council and the DHSS and in some instances by other grant-giving bodies. Finance for

Table 4 Other sexually transmitted diseases and other conditions—new cases per 100 000 population at all ages seen at hospital clinics in England 1973-77

Disease	Years ending 30 June														
	1973			1974			1975			1976			1977		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
Lymphogranuloma venereum	0.25	0.03*	0.14	0.15	0.03*	0.03	0.18	0.03*	0.10	0.14	0.01*	0.07	0.12	0.04*	0.08
Granuloma inguinale	†	0.01*	0.01*	0.04	0.02*	0.03	0.02*	0.03*	0.02	0.05	0.02*	0.03	0.26	0.05	0.15
Non-specific genital infection	286.34	60.01	170.10	307.95	63.58	182.50	306.90	65.87	183.25	310.35	73.60	188.91	327.40	84.72	202.95
Non-specific genital infection with arthritis	1.83	0.06	0.92	1.87	0.08	0.95	1.92	0.14	1.01	2.07	0.01	1.06	2.44	0.18	1.28
Trichomoniasis	7.08	72.39	40.02	6.88	74.02	41.35	6.42	74.96	41.58	6.81	76.23	42.42	7.54	76.86	43.09
Candidosis	20.42	108.17	65.49	22.84	115.53	70.42	23.71	116.83	71.48	27.68	125.84	78.02	29.89	125.99	79.18
Scabies	9.23	1.95	5.49	9.64	2.13	5.79	10.20	2.01	6.00	9.41	2.19	5.17	7.82	1.98	4.82
Public lice (pediculosis pubis)	13.50	4.53	8.89	15.37	5.22	10.16	16.07	5.78	10.80	16.07	6.58	11.21	18.06	7.39	12.58
Herpes simplex	14.04	5.56	9.68	15.28	6.88	10.97	16.77	7.86	12.20	19.10	9.83	14.35	20.76	11.08	15.79
Warts (condylomata acuminata)	48.70	25.14	36.60	53.11	26.02	39.20	56.58	27.98	41.91	60.31	30.71	45.13	64.81	32.52	48.25
Molluscum contagiosum	2.15	0.79	1.45	2.02	0.87	1.43	2.26	0.79	1.50	2.53	1.08	1.78	2.72	1.27	1.97
Other treponemal diseases	2.48	1.24	1.84	2.64	1.43	2.02	3.17	1.59	2.36	2.94	1.60	2.25	3.30	1.79	2.53
Other conditions requiring treatment in a centre	103.65	42.02	72.00	112.19	44.55	77.47	111.39	49.70	79.74	112.32	55.75	83.30	114.30	59.38	86.14
Other conditions not requiring treatment in a centre	217.97	115.94	165.57	240.57	132.52	185.10	232.69	132.61	181.35	237.48	136.00	185.43	251.67	145.75	197.35
Other conditions referred elsewhere†										2.40‡	1.33‡	1.85‡	5.03	3.11	4.05

* Rates based on fewer than 10 events and consequently their reliability as a measure may be affected.

† Indicates that there were no events.

Figures collected from January 1976.

overseas travel for research purposes is also provided by the DHSS.

The potentially very dangerous strains of β -lactamase-producing gonococci, which are totally resistant to penicillin and frequently insensitive to other antibiotics, have not become widespread throughout the country, as at one time was feared. Their incidence is monitored in England by the Public Health Laboratory Service and on a world-wide basis by the WHO. During the year only a small

number of strains were confirmed as β -lactamase producers, most of which were brought into this country from West Africa and the Western Pacific. Nevertheless, these strains could rapidly become widely diffused throughout the population, and constant vigilance and exchange of information is of great importance.